



MSDU Student Grant Application

MSDU Annual Seminar Year _____

STUDENT INFORMATION

Name _____

Address _____

City _____ State _____ Zip _____

Daytime Phone (____) _____ Email _____

******Please note: Notification of grant awards will be made via email, and applicants will have 48 hours to respond and accept grant.******

PROGRAM INFORMATION	Student Graduation Date (MM/YY) _____
School Name _____	
Program Director _____	
Program Director Signature _____	
Phone (____) _____	Email _____

To be eligible to apply for a student grant, applicants must be:

- 1.) Enrolled in a diagnostic medical sonography, cardiovascular technology or echocardiography program,
- 1.) If selected to receive a grant, the applicant must register for the MSDU Spring Seminar and attend all of the lectures on Saturday and/or Sunday. One day tuition grants will be permitted.
- 2.) Must not receive additional tuition reimbursement from other institutions or organizations for the MSDU Spring Seminar.

MSDU Annual Seminar grant recipients will be selected via a lottery drawing of all applicants received by **March 15th**. The student grant amount is currently at \$100 and will be available for pickup at the registration table on Sunday after the seminar.

Completion of this form does not guarantee receipt of a grant.

Mail completed application to: Darice Kaskinen, 16419 50th St NW, Annandale MN, 55302

-OR- scan completed form to PDF format and email to dschauer07@gmail.com

Notification of grant awards will begin within 7 days of the application deadline. To be considered for a grant, applications MUST be received by **March 15th**.

I understand and will abide by the guidelines stated above. Further, I understand that falsification of any of the information provided will result in the rejection of this grant application.

Student Signature _____ Date _____